Witnessing a Natural, Safe, and Healthy Birth

Wendy C. Budin, PhD, RN-BC, LCCE, FACCE

ABSTRACT

In this column, the editor of *The Journal of Perinatal Education* discusses her experience witnessing a natural, safe, and healthy home birth. The editor also describes the contents of this issue, which offer a broad range of resources, research, and inspiration for childbirth educators in their efforts to promote normal birth.

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I recently had the ultimate privilege of witnessing my very first home birth attended by an expert nurse-midwife. Wow! I was impressed with what a natural, safe, and healthy experience it was for the mother and baby. Everything happened as nature intended. Labor began on its own. The mother was able to walk, move around freely, and change positions throughout her labor, and when she felt she was ready, she settled into a warm tub of water where she gently swayed, up until the moment when the baby was born. She was surrounded by loved ones and friends who provided continuous support. No interventions were necessary. The only technology used was a Doppler to intermittently listen to the baby's healthy heartbeat. There was no fear, no expectation of problems, no rushing. A mood reflecting patience and gentle encouragement infused the environment as the mother coped effectively with her increasingly powerful contractions. She knew instinctively when it was time to push. As she adjusted her position in response to what she was feeling, the baby emerged and was immediately scooped up into the waiting arms of her loving

mother. Mother and her pink, alert baby remained together skin-to-skin, and breastfeeding was initiated moments after birth. Everything was so simple. In her familiar, safe environment, this mother had the confidence to trust her body. She gave birth as women were intended to give birth since the beginning of time. I was truly privileged to be invited to witness this natural, safe, and healthy birth and to share in this family's miracle.

IN THIS ISSUE

In continuing *The Journal of Perinatal Education's* mission to promote normal birth, we are excited to share two complementary birth stories in this issue's "Celebrate Birth!" column: one from a new mother and one from a new father. Russell and Rachel Nuzum each share their unique version of their son Rowen's natural birth.

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Wendy C. Budin
Editor

We invite readers to respond to the contents of this issue or share comments on other topics related to promoting normal birth. Responses will be published as a letter to the editor. Please send comments to Wendy Budin, Editor-in-Chief (wendy.budin@nyu.edu).

In her guest editorial, “Hitting the Right Notes,” Berna Diehl discusses her personal birth experiences, how her health-care provider’s perceptions affected her care management, and how advocates for mother-friendly maternity care can impact the perceptions of health-care providers, families, and communities by using the most powerful messages about the value of natural birth.

We are also pleased to share a thought-provoking letter to the editor by Jacqueline Levine in response to my recent editorial, “Welcoming Transparency,” published in the Volume 18, Number 2 (Spring 2009) issue of *The Journal of Perinatal Education*. Levine comments on a recent article published by Medscape, revealing that not all physicians are opposed to consumer-led efforts to rate doctors’ performance and find relevant health-care information online. In fact, some physicians understand and welcome the need for transparency in health care.

Three articles in this issue examine different aspects of the transition to parenthood and newborn care. In their article titled “The Value of New Parent Groups in Child and Family Health Nursing,” Eileen Mary Guest and Diana Keatinge describe a reorganization of child and family health nursing services that followed policy changes in New South Wales, Australia, in the late 1990s. Their qualitative research study used a case-study approach to examine the impact of new parents’ group attendance on mothers and on mothers’ interactions with their baby.

Hala Obeidat, Elaine Bond, and Lynn Clark Callister present a systematic review of the literature to explore and describe the experience of parents with an infant in the newborn intensive care unit (NICU). Findings revealed that parents with an infant in the NICU experience depression, anxiety, stress, and loss of control, and they vacillate between feelings of inclusion and exclusion related to the provision of health care to their neonate. Nursing interventions that promote positive psychosocial outcomes are needed to decrease parental feelings of stress, anxiety, and loss of control.

In her article “Seeking Newborn Information as a Resource for Maternal Support,” Katherine Sink shares results of her descriptive longitudinal study designed to identify topics and sources of information sought by new mothers. Findings indicated that, despite attending prenatal classes and receiving child and postpartum care instruction, mothers often want

additional information after they bring their baby home. The study’s results contribute to knowledge by confirming that new mothers seek and receive information regarding childcare from multiple sources.

Mary Ellen Doherty presents a comprehensive concept analysis that was conducted to describe the concept of “therapeutic alliance” and its appropriateness for health-care provider-client interactions during the childbearing season. The concept has been defined in other disciplines. A universal definition suggested a merging of efforts directed toward health. A simple and concise definition evolved, which is applicable to the childbearing season as well as to health-care encounters across the life span.

In her “Navigating the Maze” column, Judith Lothian eloquently argues that in spite of technology and medical science’s ability to manage complex health problems, the current maternity care environment has increased risks for healthy women and their babies. In her words, “It comes as a surprise to most women that standard maternity care does not reflect best scientific evidence.” Lothian discusses evidence-based maternity care practices with an emphasis on the practices that increase safety for mother and baby, and she describes what pregnant women need to know in order to have safe, healthy births.

In this issue’s “Tools for Teaching” column, Ashley Gatewood provides suggestions to childbirth educators, care providers, and birth advocates on how to connect with parents by using the updated consumer messages that resulted from Lamaze International’s partnership with Edelman, an international public relations firm, to rebrand the organization through its messaging to elevate its relevance among key stakeholders. Various tips and tools are presented in this article to enable stakeholders to communicate these new messages more effectively to parents.

We are excited to re-launch Amy Romano’s regularly featured research column in a new format. In this issue’s column titled “Science & Sensibility – First, Do No Harm: How Routine Interventions, Common Restrictions, and the Organization of Our Health-Care System Affect the Health of Mothers and Newborns,” Romano reprises recent selections from the Lamaze International new research blog, *Science & Sensibility*. Each selection discusses a new study that demonstrates the “First, do no harm” principle in a different way. We hope you will like the new format. Please let us know your thoughts.

In this issue’s “Media Reviews” column, coordinated by Teri Shilling, reviewers offer perspectives and comments on a variety of current DVDs and

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books that address pregnancy, birth, and breastfeeding. The books and DVDs reviewed in this issue's column include *Birth and Parenting Skills: New Directions in Antenatal Education*, edited by Mary L. Nolan and Julie Foster, with foreword by Nola Ishmael; *The Complete Illustrated Pregnancy Companion: A Week-by-Week Guide to Everything You Need to Do for a Healthy Pregnancy*, by Robin Elise Weiss, with Marcello Pietrantoni; *Gentle Birth, Gentle Mothering: A Doctor's Guide to Natural Childbirth and Gentle Early Parenting Choices*, by Sarah J. Buckley, with foreword by Ina May Gaskin; *Empowered to Birth Naturally: One Woman's Journey to Homebirth*, by Patrice A. London; *Labor of Love: A Midwife's Memoir*, by Cara Muhlhahn, with foreword by Abby Epstein and Ricki Lake; *The Wonderful Place*, by Chrissy Butler; *When the Labyrinth Becomes a Laborinth*, by Pam England; *FitBALL® USA's Great Expectations Pregnancy Program*, DVD

produced by Ball Dynamics, with Lisa Westlake as instructor; *Lullaby Exercises*, produced by chickens and directed by Darcy Novo Albrecht; *Preterm Labor: Reduce Your Risks & Learn the Signs*, produced by InJoy Birth and Parenting Videos; *Dunstan Baby Language: Learn the Universal Language of Newborn Babies*, produced and directed by Dunstan Baby; and *Hab It – Pelvic Floor*, produced by PT Partners, LLC.

In “Deb’s Last Laugh” column, titled “Sympathy Lactation,” Deb Gauldin uses humor to describe assisting a parent and her young children with boarding an airplane.

WENDY BUDIN is the editor-in-chief of The Journal of Perinatal Education. She is also the director of nursing research at NYU Langone Medical Center and a clinical professor at New York University, College of Nursing. She is a fellow in the American College of Childbirth Educators and is currently chair of the Lamaze International Certification Council.

Visit the new Lamaze research blog, Science & Sensibility (www.scienceandsensibility.org), to stay up to date and comment on the latest evidence that supports natural, safe, and healthy birth practices.

LETTER TO THE EDITOR

Welcoming Transparency: Some Physicians Find Merit in Online Ratings

Jacqueline Levine, BA, CD(DONA), CLC, LCCE, FACCE

ABSTRACT

This letter to the editor is in response to Wendy Budin's editorial, “Welcoming Transparency,” published in the Volume 18, Number 2 (Spring 2009) issue of *The Journal of Perinatal Education*. As Dr. Budin noted, some individuals in the medical community want to counter consumer-led efforts to rate doctors' performance and find relevant health-care information online. Their opposition to such efforts is exemplified by extreme measures such as the “gag order” mentioned by Dr. Budin. However, a recent article published by Medscape reveals that some physicians understand and welcome the need for transparency in health care.

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It's very true that, at this juncture, there are no ideal online rating tools for the consumer who needs reliable, vetted, thorough, and usable information about health-care providers and facilities. It's also true that public reporting brings transparency and improvement in services, and that's what a good online resource has the power to accomplish. Consumers seem to agree, and they are using existing sites, whatever the shortcomings.

It's understandable, too, that physicians don't want to be rated unfairly and anonymously; some have eagerly responded to the strategy of the “gag order” as an extreme defense against the unregulated nature of more than 40 online sites. But not all doctors feel that way. For example, in a recent Medscape article, several physicians made some rather candid self-appraisals, including tacit approval of and positive reaction to the whole situation of online ratings. I find their opinions very revealing and worth quoting at length. Here is a portion of the comments posted on Medscape's Physician Connect (MPC), a physician-only discussion board, as reported in Nancy R. Terry's April 24, 2009, Medscape article, entitled “Physician-Ratings Websites Get Zero Stars from Doctors”:

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